MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	|							51		|				
2	|							52		33				
3	|							53		27				
4	|							54		26				
5	|							55						
6	|							56		|				
7	|							57		|				
8		|						58	|					
9		|						59	|					
10								60						
11	|							61						
12		5						62						
13	'							63						
14	|							64						
15	|							65						
16		|						66						
17	|							67						
18	|							68						
19	|							69						
20		|						70						
21	|							71						
22		|						72						
23		|						73						
24		|						74						
25	|							75						
26	|							76						
27								77						
28		2						78						
29		2						79						
30	|							80						
31	|							81						
32								82						
33								83						
34								84						
35								85						
36	|							86						
37		|						87						
38		|						88						
39		|						89						
40		|						90						
41		|						91						
42		|						92						
43		|						93						
44		|						94						
45		|						95						
46		|						96						
47		|						97						
48		|						98						
49		|						99						
50		|						100						
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

65+ 32+ 26+ 25 = 148 /2u